

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011414

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1001

Registrar's No.

1206

STATE FILE NUMBER

FILED MAR 19 1962

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City,

Length of stay in 1b  
41 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR FOREST AVENUE  
INSTITUTION Nursing Home

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City,

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
2316 E. 11th St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Arthur

James

Taylor

## 4. DATE OF DEATH

Month February

Day

23, 1962

5. SEX  
male

6. COLOR OR RACE  
Negro

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
8-5-08

9. AGE (last birthday)  
53

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY  
Decorating

11. BIRTHPLACE (City and state or country)  
Pine Bluff, Ark.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Arthur James Taylor

Mary Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Elnora Hooker, K. C. Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

1 DAY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

GENERALIZED ARTERIOSCLEROSIS UNDET

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DIABETES MELLITIS

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-23-62 to 2-23-62 and last saw him alive on 2-23-62  
Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. Reynolds, M.D.

22b. ADDRESS

2612 E. 39th

22c. DATE SIGNED

2-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
3-1-62

23c. NAME OF CEMETERY OR CREMATORY  
Blue Ridge Lawn Cem.

23d. LOCATION (City, town, or county) (State)  
Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mrs. Meek's Mortuary, K. C. Mo.

25. DATE RECD. BY LOCAL REG.

2-28-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

C. Reynolds MEDICAL CERTIFICATION

61120 / 5-15-9

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Millard B. Perkins

Licensed Embalmer No. 5013

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.